Accessing Campus Healthcare: A Workbook for Gender-based Violence Survivors

POSSIBILITY SEEDS
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Land Acknowledgement

This work is taking place on and across the traditional territories of many Indigenous nations. We recognize that gender-based violence is one form of violence caused by colonization that is still used today to marginalize and dispossess Indigenous Peoples from their lands and waters. We must centre this truth in our work to address gender-based violence on campuses and in our communities. We commit to continuing to learn and take an anti-colonial inclusive approach in all our work. One way we are honouring this responsibility is by actively incorporating the Calls for Justice within Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls.

About Possibility Seeds

Courage to Act, is a national initiative to address and prevent gender-based violence at Canadian post-secondary institutions. It is led by Possibility Seeds, a social change consultancy dedicated to gender justice, equity, and inclusion. We believe safe, equitable workplaces, organizations and institutions are possible. Learn more about our work at www.possibilityseeds.ca.

We hope this document will be a valuable resource to those seeking to address and prevent campus gender-based violence. As this is an evolving document, it may not capture the full complexity of the subject matter. The information provided does not constitute medical or legal advice, and is not intended to be prescriptive. It should be considered a supplement to existing expertise, experience, and credentials; not a replacement for them.

We encourage readers to seek out training, education, and professional development opportunities in relevant areas to enhance their knowledge and sustained engagement with this work.

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To reference this document, please use the following citation:

Swan, H., Khan, F., Elmi, A., Murray, L., & Naushan, A. (2023). *Accessing Campus Healthcare: A Workbook for Gender-based Violence Survivors.* Possibility Seeds' Courage to Act: Addressing and Preventing Gender-based Violence at Post-secondary Institutions in Canada.

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Funding Acknowledgement:

"Accessing Campus Healthcare: A Workbook for Gender-based Violence Survivors", a project by Possibility Seeds, was graciously funded by Women and Gender Equality Canada.

Women and Gender Equality Canada | Femmes et Égalité des genres Canada | Canada

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List of Abbreviations

- Gender-based violence (GBV)
- Post-secondary institution (PSI)
- Trauma- and violence-informed care (TVIC)
- Two Spirit, Lesbian, Gay, Bisexual, Trans, Queer/Questioning, Intersex, Asexual (2SLGBTQIA+)

Key Terms

Gender-based violence: GBV is the use and abuse of power and control over another person. It is perpetrated against someone based on their gender expression, gender identity or perceived gender (British Columbia Federation of Labour, 2018). Gender-based violence can take many forms: sexual harassment; sexualized violence; sexual exploitation; sexual assault; human trafficking; stalking; intimate partner violence; technology-facilitated violence; "stealthing" or non-consensual condom removal; reproductive coercion (pressure about reproductive decision making); threats of violence (including self-harm) to coerce sex; emotional and psychological abuse; financial abuse; physical abuse; neglect; early or forced marriage; and genital mutilation and/or cutting (Khan, Rowe, & Bidgood, 2019).

Survivor: We use the term survivor to refer to any individual who was subjected to gender-based violence on or off-campus, whether or not a disclosure, informal complaint or formal complaint has been made. An individual may use the term survivor as a way to reclaim power and/or to highlight the strength it took to survive such violence. The term survivor is often interchanged with victim, which is often used as a legal term in the criminal justice system. Some individuals choose to identify with the term victim. While there is an ongoing debate over the use of the terms "victim" or "survivor" (Setia & An, 2021), in the end, every individual should have the opportunity to be identified by the language of their choice.

Trauma: Trauma is when individuals and/or communities experience, witness, or learn of profound event(s) that involve actual or threatened serious harm to the integrity of self or others, and where these event(s) overwhelm their ability to cope. Trauma can be

intergenerational, historical, complex, acute, vicarious, chronic, and community-based. Being subjected to GBV can be incredibly traumatic, and can have a profound effect on a persons' identity, beliefs, and worldview. Feelings of powerlessness and shame are common reactions, and compounded by the fact that society shames, blames and stigmatizes individuals subjected to GBV. The impacts of traumatic events do not simply dissipate once the event is over. If survivors are not supported in processing the traumatic event, they may experience long-term negative effects and symptoms of post-traumatic stress.

Intended Audience

This workbook provides a checklist for individuals who have been subjected to GBV and are seeking support from their campus health centres. It can be used by the patient/client, and anyone who may be advocating for or supporting them to access care.

Introduction

Navigating healthcare can be difficult, confusing, draining and retraumatizing for survivors of GBV. Survivors may be unfamiliar with how to access care on campus; reluctant to register at a campus healthcare centre because of fear, shame and/or stigma; have concerns about judgment from service providers; and worry that they will not have control over how their information is shared with other campus offices and personnel. Further, they may have had prior experiences within a healthcare setting where they received poor care and/or where their concerns were minimized, ignored or dismissed. Engaging with the healthcare system can be traumatizing for students who identify as Indigenous, Black, or from other racialized backgrounds. Research shows that racialized patients face health inequities and receive distinctly different standards of care than their white counterparts (Mahabir, O'Campo, Lofters, Shankardass, Salmon, & Muntaner, 2021; Tang & Browne, 2008). Moreover, they may also struggle with recounting the trauma, putting words and emotions to it, and making meaning of the violence to which they were subjected. These are just some of the compounding factors that make it difficult for survivors to access care within a campus healthcare setting.

This workbook seeks to address some of these barriers and concerns, and assist survivors with navigating healthcare to support their healing and recovery. Building on the work of Abraham-Ravenson, Congdon and Hall (2021), and informed by the experiences and insights of diverse survivors who have navigated healthcare, both on and off campus, this workbook provides practical strategies that patients/clients can use before, during and after a visit with a healthcare professional. It creates space for the patient/client to reflect on their boundaries, what would help to make the experience feel safer, and ways to ensure they feel cared for and empowered. While these practices and strategies may be especially beneficial for survivors, all patients/clients can use them for appointments with healthcare professionals to help advocate for their health and well-being.

Pre-visit Checklist

Packing List

- ☐ A personal list of questions for the healthcare professional.
- ☐ Comfortable clothing and socks. If your visit includes a physical exam, you can almost always leave your socks on. You can also contact the health centre in advance to ask if you may bring your own clean sheet/blanket, robe, dress or a long T-shirt to wear instead of having to change into a paper gown or use a paper sheet to cover yourself.
- ☐ Water and snacks. You might need to wait a while; drinking water and staying nourished can help to reduce anxiety.

Track Your Symptoms

- When did your symptoms start appearing? What precipitated their onset? What makes them better or worse? How bad are they? What do they feel/look like? What other factors have been changing or not changing in your life?
- What medications or herbal products were you or are you taking?
- What have you tried already to ease the symptoms?

You can also track symptoms daily in a journal or a notebook or use an app on your device and then summarize them to share with the healthcare professional.

Academic Considerations

As a result of trauma, you may need to defer an assignment, reweight coursework, modify an exam date and/or writing location, among other forms of academic support. These are called academic considerations; they are typically temporary and informal measures, and usually based on immediate circumstances (i.e. a student was sexually assaulted over the weekend, and their campus SV/GBV office or healthcare centre reaches out to their academic advisor to ensure they can receive an extension on their papers).

Prior to your appointment, review what is required for you to access academic considerations at your institution. Note that academic considerations often do not require formal documentation. However, if a medical note is required, your campus healthcare provider will be able to provide this for you.

1. Write down what academic considerations and supports you need and bring this to your appointment.
2. Bring any necessary documentation required for the healthcare provider to fill out.

Choose a Support Person

Ask your campus health centre if you can bring a support person. You might want to say something like:

"Hello, my name is _____. I am seeing [*healthcare provider name*]. I would like to book an appointment for _____. Having a support person at this appointment will help me to retain any information given to me, provide a familiar and supportive face and remind me of any questions I might forget at the moment. I want to confirm that my support person will be welcome on the day of my appointment."

Suppose the campus health centre cannot accommodate your request for a support person due to health and safety concerns. In that case, you could consider asking for a virtual appointment with the healthcare professional. If the appointment requires you to attend in person, you may ask if your support person can be on a video call during the appointment.

When choosing your support person, specify what you would like their support to look like ahead of time.

Consider the following prompts:

- Are they helping you ground before, during and after the appointment?
- Are they asking your questions for you?
- Are they holding your hand during any procedure?
- Are they simply present and not actively engaging throughout the process?

Establish Your Boundaries

Reflect on past experiences with healthcare professionals, both positive and negative. What characteristics did they exhibit that left you feeling positive, heard and valued (e.g., being thorough, empathetic and providing space for questions and concerns to be voiced)?

What characteristics did they exhibit that left you feeling frustrated, unheard or not valued (e.g., minimizing concerns, focusing on your weight, assuming everything is related to your mental health)?

Some Possible Boundaries:

- Not being comfortable disrobing with the healthcare professional in the room

- Not participating in routine tests (e.g., blood work)
- Not being weighed or not being told the number on the scale
- Not wanting to be prescribed a certain medication
- Not wanting a diagnosis or label

My boundaries are:

During your Visit Checklist

Take Notes

It is common to feel heightened anxiety during clinical appointments. This can impede the processing of the information provided by healthcare professionals. For this reason, you may want to take notes or have another person present. You can also ask your healthcare professional to write out instructions or provide materials for more information.

See the Notes From My Appointment template.

Ask for More Time to Consider Options

When explaining a diagnosis or treatment plan, the healthcare professional may present you with a treatment pathway with various options for consideration. You can ask for time to consider the options or inquire about other avenues.

Conversation Starters:

- "For your patients with [*specific health condition*] like me, what common challenges do they run into, and what are some other therapies or treatments you find are helpful for them?"
- "What costs are associated with this treatment? Are there less expensive ways for me to achieve this same goal?"
- "Could you describe an example of the concept you just mentioned?"

Express Your Boundaries

Learning how to express your boundaries ahead of time can make them easier to share at the moment.

Conversation Starters:

- "I'm not comfortable with... / I'm more comfortable with..."
- "I'd like you to.../ I need you to..."

Assert Your Boundaries

When someone violates your boundaries, it's never your fault. Some helpful phrases to assert your boundaries are:

- "Stop." / "Wait." / "Slow down."
- "I'm feeling uncomfortable."
- "I need a minute."
- "Can I go to the bathroom?"
- "You're hurting me."
- "I need you to stop."
- "Is there a different way you can do that?"
- "I don't like that."
- "Don't do that again."

You can also establish nonverbal ways to assert your boundaries and let the healthcare professional know what they are, such as:

- Waving your hands
- Raising a finger
- Shaking your head from side to side

Follow-up Care Checklist

Make an Aftercare Plan

What would make you feel most comfortable and cared for after your appointment? This could include having a shower or changing your clothes, eating a favourite food, lighting your favourite scented candle, surrounding yourself with people and things that bring you joy, going for a walk, etc.

Check-in with Yourself

Ask yourself whether you left the appointment feeling better or worse.

Follow Up on Action Items

Call any referrals (if required), fill prescriptions and read handouts provided by the healthcare professional. Set a reminder to follow-up with referrals, if you haven't heard back. If seeking academic considerations, submit any documentation to the appropriate offices.

Notice Red Flags

It's OK to walk away from a healthcare professional and/or to ask to be seen by someone new at your next appointment. Considering the following red flags can help you to decide if you need to seek care from a different professional.

Some Healthcare Professional Red Flags:

- They are defensive when you ask questions.
- They deny your request to have a support person.
- They are dismissive of your concerns.
- They rush or try to get out of the room before you are ready.
- You have a bad gut feeling! Don't be afraid to trust your intuition.
- They cross a boundary.

It is never acceptable for a healthcare professional to touch you without consent or to treat you in a way that violates their professional code of ethics. If you were not treated appropriately, you can file an official complaint with their provincial/territorial regulatory college. Note that these complaints are not anonymous.

Conclusion

The checklists in the workbook are intended to empower patients/clients to identify their boundaries and needs, and ask important questions of their healthcare professionals. By using these checklists, individuals subjected to GBV can address some of the fears they may have about accessing healthcare, and build greater trust with their healthcare professionals. They will also be able to take a more active role in the decision-making process with regard to treatment/service options, and be able to better advocate for themselves in ways that expand opportunities for choice, recovery and healing.

Further Reading

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Notes From My Appointment

My symptoms are:

My boundaries are:

Questions for my doctor:

I deserve to feel safe

Action items:

Follow up:

My future holds many possibilities